

| POSITION                         | INITIALS  | ID NO. | DATE           |
|----------------------------------|-----------|--------|----------------|
| <b>FEE DETERMINATION</b>         |           |        |                |
| <b>O.I.P.E. CLASSIFIER</b>       |           |        |                |
| <b>FORMALITY REVIEW</b>          |           |        |                |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>24</i> |        | <i>4-20-00</i> |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
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| 1     | Final | Original |          |
| 2     | Final | Original |          |
| 3     | Final | Original | 19-30-03 |
| 4     | Final | Original | 19-30-03 |
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If more than 150 claims or 10 actions  
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